NATELY ARRIVATION FOR RETERMINATION RESSE									ΑH	piication	01 0	ocket Num		
PATENT APPLICATION FEE DETERMINATION RECOR Effective January 1, 2003									1	062	וני	753		
		CLAIMS AS	(Column 1)		(Column 2)		_	SMALL ENTITY TYPE		OTHER THAN		•		
TOTAL CLAIMS			32		. 7			RATE		FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC F	EE	<b>3</b> 75.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			32 minus 20=		12			X\$ 9:	_		OR	X\$18=	216	
INDEPENDENT CLAIMS			3 minus 3 =		* —		Ì	X42=			OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				Ì		+					
* If the difference in column 1 is less than zero, enter "0" in column 2								+140=		-	OR	+280=		
1 ,									L		OR	1	966	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										NTITY	OR	OTHER SMALL I		
$\Gamma$	1207	(Column 1) CLAIMS		HIGH	EST	(Column 3)	Г	SWALL		ADDI-		SINALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		TIONAL FFF		RATE	TIONAL FEE	
Š	Total	. 3/	Minus	# 3	2	=		X\$ 9=	-		OR	X\$18=		
ME	Independent	. 4	Minus	*** 3	3	= /	}	X42=			OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	- -			+280=		
/ L								TOT	<u>ÿ</u>		OR	TOTAL		
(Column 1) (Column 2) (Column 3)									EE 🚣	<u>ح</u> د ، بعد	OR	ADDIT. FEE		
AMENDMENT B		(Column 1) CLAIMS		HIGH	EST	(Column 3)	1 г			.00	•		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE		FFF_		RATE	TIONAL FEE	
	Total	*	Minus	**		=	]	X\$ 9=			OR	X\$18=		
	Independent +		Minus ***		=		X42=				OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									!	1	.000		
							L	+140=	-		OR	+280= TOTAL		
							٨	DDIT. F		**************************************	OR	ADDIT. FEE		
_		(Column 1) CLAIMS	· · ·	(Colur		(Column 3)	1 -	_	<del></del>	r : ~- <del></del>				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	. 1	ر دا مادی ۱۳۸۸ ز		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		<b>X</b> \$ 9=	_ <del></del>	• )	OR	X\$18=		
	Independent	t	Minus	***		=	]	X42=				X84=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							746=	<b></b> -		OR	704-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2."										OR	+280=			
										OR	TOTAL ADDIT. FEE			
		mber Previously Pai ber Previously Pai					er fou	nd in the	aŗ	2	cin co	olumn 1.		
EOR	FORM PTO-875 (Rev. 12/02) Patent and Tract											S. DEPARTMENT OF COMMERCE		